

PRISONER OF WAR MAIL

DO NOT WRITE HERE

TO:

STREET

CITY

COUNTRY

PROVINCE OR DEPARTMENT

DA FORM 2666-R, MAY 82

EDITION OF 1 JUL 63 IS OBSOLETE.

USAPPC V1.00

PRISONER OF WAR NOTIFICATION OF ADDRESS

For use of this form, see AR 190-8; the proponent agency is DCSPER.

LANGUAGE

POWER SERVED

PRINT CLEARLY THE INFORMATION CALLED FOR. DO NOT ADD ANY REMARKS.

NAME (Last, First, MI)

GRADE

INTERMENT SERIAL NUMBER

DATE OF CAPTURE OR TRANSFER

DATE OF BIRTH

PLACE OF BIRTH

PHYSICAL CONDITION (Check applicable box)☐ GOOD HEALTH☐ RECOVERED☐ SICK☐ SERIOUSLY WOUNDED☐ NOT WOUNDED☐ CONVALESCENT☐ SLIGHTLY WOUNDED

FORMER ADDRESS

PRESENT ADDRESS (Name of Camp or Hospital, and Location)

DATE

SIGNATURE OF PRISONER

REVERSE OF DA FORM 2666-R, MAY 82

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